



FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P0200085722 1. Entity Name SK ACS, INC.				Secretary of State	
Principal Place of Business 3501 WEST VINE STREET SUITE 257 KISSIMMEE, FL 34741		Mailing Address 3501 WEST VINE STREET SUITE 257 KISSIMMEE, FL 34741			
DO NOT WRITE IN THIS SPACE				05052004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 11-3211745	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A1A CORPORATE SERVICES INC. 92 SADBERRY ROAD QUINCY, FL 32351-0000				DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE U000000159274 05/10/04-80023-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHAN, SAEED 2412 HURON CIRCLE KISSIMMEE, FL 34746				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KHAN, ARLENE 2412 HURON CIRCLE KISSIMMEE, FL 34746				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>SAEED KHAN</u> 5-5-04 407-908-0790					